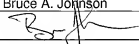
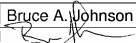


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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>	<b>Application Number</b>	10/814,617	
	<b>Filing Date</b>	3/31/2004	
	<b>First Named Inventor</b>	Bocock, Ryan M.	
	<b>Group Art Unit</b>	2817	
	<b>Examiner Name</b>	NGUYEN, KHANH V	
<b>Total Number of Pages in This Submission</b>	9	<b>Attorney Docket Number</b>	SIL.P0080

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request of Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Remarks		Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 to deposit account number 50-3864 (Johnson & Associates).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	Johnson & Associates
<b>Signature</b>	Bruce A. Johnson  <b>Customer Number 30163</b>
<b>Date</b>	July 14, 2006

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile or electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
<b>Typed or printed name</b>	Bruce A. Johnson
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